

UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gentz et al.

Docket No.: PF454P2

Application No.: 09/935,727

Confirmation No.: 3532

Filed: August 24, 2001

Art Unit: 1646

For: Tumor Necrosis Factor Receptors 6 Alpha & 6
Beta

Examiner: E. B. O'Hara

RESPONSE AND AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

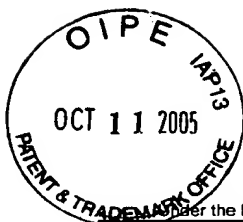
Sir:

In response to the Office Action mailed May 9, 2005, Applicants request that the following amendments and remarks be entered into the above-identified application. Applicants submit herewith:

- (a) A Petition for a Two Month Extension of Time to and including October 11, 2005 (October 9th being a Sunday and October 10th being a holiday (Columbus Day); *see* 35 U.S.C. § 21) with appropriate fee (in duplicate);
- (b) a Fee Transmittal Sheet (in duplicate).

Amendments to the Claims begin on page 2.

Remarks begin on page 14.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 09/935,727-Conf. #3532 |
| Filing Date | August 24, 2001 |
| First Named Inventor | Reiner L. Gentz |
| Examiner Name | E. B. O'Hara |
| Art Unit | 1646 |
| Attorney Docket No. | PF454P2 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|----------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| _____ - 20 = _____ | x _____ | = _____ | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | |
| _____ - 3 = _____ | x _____ | = _____ | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = _____ | /50 | _____ (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | | | |
|-------------------|------------------------|-----------------------------------|-------------------------|-----------|-----------------------|
| Signature | <u>Michele Shannon</u> | Registration No. (Attorney/Agent) | <u>47,075</u> | Telephone | <u>(301) 354-3930</u> |
| Name (Print/Type) | <u>Michele Shannon</u> | Date | <u>October 11, 2005</u> | | |